



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or
Accredited Representative

1. USCIS Online Account Number (if any)



Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) KONARE

2.b. Given Name (First Name) ABDOUL

2.c. Middle Name AZIZ

Address of Attorney or Accredited Representative

3.a. Street Number and Name 5235 WESTVIEW DRIVE

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 101

3.c. City or Town FREDERICK

3.d. State MD 3.e. ZIP Code 21703

3.f. Province

3.g. Postal Code

3.h. Country

USA

Contact Information of Attorney or Accredited
Representative

4. Daytime Telephone Number

2406515937

5. Mobile Telephone Number (if any)

6. Email Address (if any)

AKONARE@KONARELAW.COM

7. Fax Number (if any)

2406512050

Part 2. Eligibility Information for Attorney or
Accredited Representative

Select all applicable items.

- 1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

MICHIGAN AND DC COURT OF APPEALS

1.b. Bar Number (if applicable)

P64715

- 1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

KONARE LAW

- 2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☒ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☒ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) DIAZ MAYORGA

6.b. Given Name (First Name) SAUL

6.c. Middle Name ANTONIO

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

▶ A- 2 1 3 0 9 1 1 8 2

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 1218 STILLMEADOW PLACE

13.b. ☒ Apt. ☐ Ste. ☐ Flr. TD

13.c. City or Town FREDERICK

13.d. State MD 13.e. ZIP Code 21703

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

➔ Saul Antonio Diaz Mayorga

- 2.b. Date of Signature (mm/dd/yyyy) 7/8/2020

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[Signature]

- 1.b. Date of Signature (mm/dd/yyyy)

7/8/2020

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) DIAZ MAYORGA

1.b. Given Name (First Name) SAUL

1.c. Middle Name ANTONIO

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.





Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE** - Type or print in black ink.

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney
2.b. ☐ An Accredited Representative of a Qualified Organization
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.
3.b. ☐ I am requesting information on behalf of someone who is deceased.
3.c. ☒ I am requesting information on behalf of someone for whom I have power of attorney.

Requestor's Full Name

- 4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Requestor's Mailing Address

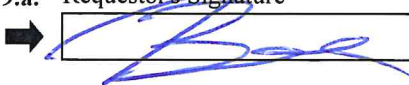
- 5.a. In Care Of Name (if any)
5.b. Street Number and Name
5.c. ☐ Apt. ☒ Ste. ☐ Flr.
5.d. City or Town
5.e. State 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

Requestor's Contact Information

6. Requestor's Daytime Telephone Number
7. Requestor's Mobile Telephone Number (if any)
8. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature 
9.b. Date of Signature (mm/dd/yyyy)

Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

I-213 AND ALL IMMIGRATION MATTERS

Full Name of the Subject of Record

- 2.a. Family Name (Last Name) DIAZ MAYORGA
- 2.b. Given Name (First Name) SAUL
- 2.c. Middle Name ANTONIO

Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Full Name of the Subject of Record at Time of Entry into the United States

- 5.a. Family Name (Last Name) DIAZ MAYORGA
- 5.b. Given Name (First Name) SAUL
- 5.c. Middle Name ANTONIO

Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number

▶

- 6.b. Passport or Travel Document Number

7. Alien Registration Number (A-Number) (if any)

▶ A- 2 1 3 0 9 1 1 8 2

8. USCIS Online Account Number (if any)

▶

9. Application or Petition Receipt Number

▶

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Family Member 1

- 10.a. Family Name (Last Name)
- 10.b. Given Name (First Name)
- 10.c. Middle Name
11. Relationship

Family Member 2

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Relationship

Parents' Names for the Subject of Record

Father

- 14.a. Family Name (Last Name) DIAZ
- 14.b. Given Name (First Name) JOSE
- 14.c. Middle Name SAUL

Part 3. Description of Records Requested
(continued)

Mother

15.a. Family Name (Last Name) MAYORGA

15.b. Given Name (First Name) MARIA

15.c. Middle Name TERESA

15.d. Maiden Name (if applicable)

16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**

I-213 AND ALL IMMIGRATION MATTERS

Part 4. Verification of Identity and Subject of Record Consent

Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.**

Full Name of the Subject of Record

1.a. Family Name (Last Name) DIAZ MAYORGA

1.b. Given Name (First Name) SAUL

1.c. Middle Name DIAZ

Other Information for the Subject of Record

2. Date of Birth (mm/dd/yyyy) 05/21/1980

3. Country of Birth HONDURAS

Mailing Address for the Subject of Record

4.a. In Care Of Name (if any)

4.b. Street Number and Name 1218 STILLMEADOW PLACE

4.c. ☒ Apt. ☐ Ste. ☐ Flr. TD

4.d. City or Town FREDERICK

4.e. State MD 4.f. ZIP Code 21703

4.g. Province

4.h. Postal Code

4.i. Country USA

Contact Information for the Subject of Record

NOTE: Providing this information is optional.

5. Daytime Telephone Number 2405294878

6. Mobile Telephone Number (if any)

7. Email Address (if any)

Part 4. Verification of Identity and Subject of Record Consent (continued)

Signature of the Subject of Record

Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☐ Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____
day of _____ in the year _____.

Daytime Telephone Number _____

Signature of Notary

My Commission Expires on (mm/dd/yyyy)

8.b. ☒ Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Saul Antonio Diaz Mayorga
Signature of Subject of Record

7/8/2020
Date of Signature (mm/dd/yyyy)

8.c. ☐ Deceased Subject of Record

Part 5. Processing Information

1. Indicate if any of these circumstances apply to your request (Select all that apply).

- ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
- ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
- ☐ The loss of substantial due process rights.
- ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

☒ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

Diaz Mayorga

1.b. Subject of Record's Given Name (First Name)

Saul

1.c. Subject of Record's Middle Name

Antonio

2. Subject of Record's A-Number (if any)

► A- 2 1 3 0 9 1 1 8 2

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 360237962

FINS: 1242096903

File No: 213 091 182

DOB: 05/21/1980

Event No: BAL1801000014

In the Matter of:

Respondent: SAUL ANTONIO DIAZ MAYORGA currently residing at:

1200 Ansley Court Apt TC, Frederick, MARYLAND, 21703

(240) 529-4878

(Number, street, city and ZIP code)

(Area code and phone number)

- ☐ 1. You are an arriving alien.
- ☒ 2. You are an alien present in the United States who has not been admitted or paroled.
- ☐ 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of HONDURAS and a citizen of HONDURAS;
3. You arrived in the United States at or near unknown, unknown, on or about unknown date;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- ☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30(f)(2) ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

31 Hopkins Plaza, Room 440 Baltimore MD 21201. EOIR Baltimore, MD

(Complete Address of Immigration Court, including Room Number, if any)

on To be set. at To be set. to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above.

SAVINDER JASPAL

SDDO

(Signature and Title of Issuing Officer)

Date: January 3, 2018

Frederick, Maryland

(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to one of the offices listed in 8 CFR 241.16(a). Specific addresses on locations for surrender can be obtained from your local DHS office or over the internet at <http://www.ice.gov/about/dro/contact.htm>. You must surrender within 30 days from the date the order becomes administratively final, unless you obtain an order from a Federal court, immigration court, or the Board of Immigration Appeals staying execution of the removal order. Immigration regulations at 8 CFR 241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Act.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to a 10-day period prior to appearing before an immigration judge.

Before:

(Signature of Respondent)

Date: _____

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on January 3, 2018, in the following manner and in compliance with section 239(a)(1)(F) of the Act.

☒ in person ☐ by certified mail, returned receipt requested ☐ by regular mail

☐ Attached is a credible fear worksheet.

☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the English language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Saul A. D. C.

(Signature of Respondent if Personally Served)

S MONTGOMERY

Deportation Officer

(Signature and Title of officer)